

(CFA-4) **Summary Sheet**

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) FILE NUMBER 2813 JA 14 AM INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side. PEGCY GEA

CL HAMILTON CO	EHK J	OTAL PAGES IN ENTI	RE CFA-4 REPORT
IS THIS AN AMENDMENT? Yes No		5	
COMMITTEE INFORMATION			, , ,
1. Full Name of Committee (as on Statement of Organization)	name		
Friends of David George			
2. Acronym or Abbreviated Name (if any)	3. Comr	nittee Telephone Number	
	(317_)	460-0318	
4. Mailing Address (address where all campaign finance correspondence is received)	heck if this	s is a new address	
8212 Jo Ellen Drive			
5. City, State, ZIP Code	6. Party	Affiliation (if applicable): F	Republican
Fishers, IN 46038			
CANDIDATE INFORMATION (For Candidate's C			
7. Full Name of Candidate (include any nickname)		Affiliation or If Independen	t Candidate
David C. George	Republi		
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cou	nty of Residence: Hamiltor	1
Fishers Town Council - District 5	L		
TYPE OF REPORT			N CANDIDATES ONLY
11. Check one:		Check one:	-41
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conv	
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Statement of	t Organization	,	
12. Reporting Period:		COLUMN A This Period	COLUMN B Year to Date
From: 1/1/2012 Through: 12/31/2012		14,371.95	rouvio Buto
13. Cash on hand and investments at the beginning of this reporting period.14. Cash on hand and investments January 1, current year.		14,37 1.93	14,371.95
CONTRIBUTIONS AND RECEIPTS			14,37_1.93
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (use Schedule A)		6.53	6.53
15b. Unitemized		0	0
15c. Add lines 15a and 15b in both columns SUBT	OTAL	6.53	6.53
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	14,378.48	14,378.48
EXPENDITURES			
(Note: These amounts irrolude in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		2850.00	2850.00
17b. Unitemized		0	0
17c. Add lines 17a and 17b in both columns	TOTAL	2850.00	2850.00
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	11,528.48	11,528.48
19. Debts OWED BY the committee (use Schedule D)		0.00	
20. Debts OWED TO the committee (use Schedule E)		0.00€	15
ERTIFICATION		- Maria	OR OFFICE USE ONLY
EST OF MY KNOWLEDGE AND BELIEF IT IS T	TRUE, COR	PECT AND COMPRETE	
Title	[Date Sign	-
Trasures		1 14 13	
	[Date of \$\frac{1}{2} \rightarrow{1}{2}	
ed for sale or used for any commercial purpose.	. (IC 3-9-4-5		
A person who falls to file a complete or accum- 14) and may be subject to civil penalties. (IC 3-	ate report a	s required by the Indiana	



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, Interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER				
_				
Page _	1	of	3	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Bank Interest Accrual	Contributions: Direct In-Kind (describe)			1/12/12
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)	0.51	0.51	dcg
2. Bank Interest Accrual	Contributions: Direct In-Kind (describe)			2/13/12
DAIIN IIRQI QƏL ALLIUM	Other Receipts: Interest Loan Misc. (specify)	0.57	0.57	dcg
Contributor's Occupation (if required)				
3. Bank Interest Accrual	Contributions: Direct In-Kind (describe)			3/13/12
	Other Receipts: Interest Loan Misc. (specify)	0.53	0.53	dcg
Contributor's Occupation (if required)	Contributions:		-	
Bank Interest Accrual	Direct In-Kind (describe)	0.50	0.52	4/13/12
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)	0.53	0.53	dcg
5. Bank Interest Accrual	Contributions: Direct In-Kind (describe)			5/14/12
Contributor's Occupation (if required)	Other Recelpts: Interest Loan Misc. (specify)	0.54	0.54	dog
	THIS PAGE OF SCHEDULE A	2.68		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)			



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page _	2	of	3	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
(street, number, city, state, ZIP code)	ON OTHER RESEIFT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions:			
Bank Interest Accrual	☐ Direct ☐ In-Kind (describe)			
				6/13/12
	Other Receipts:	0.52	0.52	
	☑ Interest ☐ Loan			
	Misc. (specify)			dcg
			,	
2.	Contributions:			
	☐ Direct ☐ In-Kind (describe)			7/13/12
Bank interest Accrual	I TENTIO (describe)			
	Other Receipts:	0.54	0.54	
	⊠ Interest □ Loan			
	Misc. (specify)			dcg
3.	Contributions:			
Bank Interest Accrual	In-Kind (describe)			8/14/12
			0.62	
	Other Receipts:	0.62		
	Interest Loan			dcg
	Misc. (specify)			deg
4.	Contributions: Direct	_		
	n-Kind (describe)			9/14/12
Bank Interest Accrual				
	Other Receipts:	0.60	0.60	
	☐ Interest ☐ Loan ☐ Misc. (specify)	•		dcg
	Misc. (specify)			
E	6 . 1			
5.	Contributions: Direct			
Park Interest Assessed	In-Kind (describe)			10/16/12
Bank Interest Accrual				
	Other Receipts:	0.59	0.59	
	Misc. (specify)			dcg
CHOTOTAL	THIS DAGE OF COURTY T	40.07		
	THIS PAGE OF SCHEDULE A	\$2.87		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



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(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER					
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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Bank Interest Accrual	Contributions: Direct In-Kind (describe)			11/16/12
	Other Receipts: X Interest Loan Misc. (specify)	0.50	0.50	dcg
2.	Contributions: Direct In-Kind (describe)			12/10/12
Bank Interest Accrual	Other Receipts: Interest Loan Misc. (specify)	0.48	0.48	dcg
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
	THIS PAGE OF SCHEDULE A	\$0.98		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY MATERIAL STREET AND A CONTROL OF THE SUMMARY Sheet)	\$6.53		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, If regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER				
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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF
	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	EXPENDITURE
Code_C McKinney for Public Office P.O. Box 904 Carmel, IN 46062		□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other □ Purpose:	250	250	4/5/12
CodeC Hamilton County Fire Fighters 7920 E 160th Street Noblesville, In 46062		□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other	600	600	9/18/12
CodeC Todd Huston for State Rep 12620 Duval Drive Fishers, IN 46037		☑ Direct	1000	1000	10/11/12
CodeC_ Scott Schneider for Senate 6449 N Chester Ave Indianapolis, IN 48220		□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □Other □ Purpose:	500	500	10/18/12
CodeC_ Scott Schneider for Senate 6449 N Chester Ave Indianapolis, IN 46220		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	250	250	10/29/12
Code C Kathy Richardson for State Rep 1363 Grant Street Noblesville, IN 46060		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	250	250	12/10/12
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PA	GE OF SCHEDULE B	\$2850.00		
TOTAL OF ALL P	\$2850.00				